

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	CID	DEP	CID	DEP	CID	DEP		CID	DEP	CID	DEP	CID	DEP
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6	1						56						
7	1						57						
8	1						58						
9	1						59						
10		2					60						
11		2					61						
12		2					62						
13	1						63						
14	1						64						
15		2					65						
16		2					66						
17	1						67						
18		1					68						
19		1					69						
20		1					70						
21	1						71						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9						TOTAL IND.						
TOTAL DEP.	17						TOTAL DEP.						
TOTAL CLAIMS	26						TOTAL CLAIMS						